

EXHIBIT I

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS
CDC 128G (Rev. 07/23/03)

NO: D16530 NAME: SHAMBURGER HAROLD Cell/Bed: D10 201
 Custody: MAX3 CS: 125 (IV) WG/PG: D1/D EFF 6-7-89 Assignment: SHU- INDET
 RelDate: MEPD 2-12-99 Reclass: 9/04 ACTION: RETAIN SHU- INDET
 3PT Hearing: QUB#2 7/06 REFER PBSP/IGI FOR
INACTIVE REVIEW.

Inmate SHAMBURGER ~~appeared~~ / refused to appear before PBSP FAC D1/D SHU UCC this date for 180-Day Review. S is serving SHU Indeterminate due to his prison gang affiliation as documented on CDC 128B2 dated 12-11-03. S is an ~~active~~ / Inactive / Associate / Member of the BLACK GUERRILLA FAMILY prison gang. S's validation was reviewed by Committee and found to meet the criteria required in CCR 3378(c). Committee acts to retain S in SHU per CCR 3341.5(c)(2)(A)2. S participated in Committee's review of his case and ~~agreed~~ / disagreed with Committee action. S was ~~informed~~ / is informed, via this chrono, that the Departmentally recognized avenues for release from SHU are through the debriefing process or through being determined to be an inactive prison gang member or associate as delineated in CCR, Title 15, sections 3378(e) and 3341.5(c)(4) and (5).
 Comments: _____

Committee reviewed S for Inactive Gang Status as outlined in CCR 3341.5(c)(5) and noted the following:

- ☐ The last source document used in the validation process is dated _____, indicating recent (within 6 years) gang activity.
- ☒ Noted is a previous Inactive Review, documented on CDC-128B dated 2-200, indicating S does not meet the Inactive criteria. S will be eligible for another Inactive Review after IN 2004.
- ☒ The date of the most recent gang activity, as noted in S's file, could not be established. Refer S to PBSP IGI for evaluation of his current gang status.
- ☐ S has previously been referred to PBSP IGI for an Inactive Review, and the review is pending.
- ☐ S is pending DRB review.
- ☐ S was reviewed by the DRB on _____. The DRB determined _____

☐ S is double celled with Inmate _____, # _____, / and states they are compatible.

☒ S has no cellmate and committee notes the "S" custody suffix has / has not previously been applied.

Committee acts to retain / ~~affix~~ the "S" suffix

☒ because S has not successfully completed the compatibility review for double celling in PBSP SHU.

☐ due to _____

~~S was advised~~ / is advised, via this chrono, of Committee's decision and his right to appeal. ~~S has been advised that any appeal of this committee action must be submitted within 15 working days of this date, whether he has received the CDC Form 128G Classification chrono or not.~~

3PT Initial / Documentation # _____ / Subsequent # 2 Hearing scheduled in 7/06
 Next reclass scheduled 9/04 for Annual CDC 114D Review.

MEMBERS:

Chairperson

M. Smelosky, F.C.
 Print Name/Title

Recorder

B. JACOT, CCI (A)
 Print Name/Title

Recorder

M. PENA, CCI
 Print Name/Title

IC: ☐ OSIS ☐ CSP ☒ IGI ☐ PSYCH ☐ C&PR ☐ MED ☐ OTHER _____

Committee Date: 4-8-04 Classification _____ FAC D1/D SHU UCC 180-DAY REVIEW PBSP-SHU